2017 Winter Teen Camp Registration

Loon Lake 4-H Camp - Bigfork, MT

Dates: February 17-19, 2017 (Friday-Sunday)

Times: Camp starts 6 PM on Friday, ends at 9 AM on Sunday

Ages: 4-H Age 13-19 (Age of youth on Oct. 1, 2016) and chaperones

Registration Deadline: Friday, January 27, 2017 – complete forms and return to Extension Office

Cost: $40 for Ravalli County Youth, $75.00 (Out of County), write checks to Ravalli County 4-H.
Requirements: All counties must provide chaperones. Youth and chaperones must stay at the camp until checked out.

Activities include fun workshops, private pool and gym party at the athletic club, dance, and more.

Questions? Contact the Ravalli County Extension Office at 375-6611

Detailed information about the event will be sent to campers two weeks after registration closes.

In addition to the 2017 Teen Winter Camp Application, participants must complete the following paperwork:

- Youth and Adult Medical Release Form

These forms are available on the Montana 4-H Website: http://montana4h.org/#resource:Forms under "Event Forms"

- Complete forms, event registration and return **with payment (written to Ravalli County 4-H)** to your county Extension Office.
- Counties will send in one registration packet with complete payment (written to Ravalli County 4-H) to Ravalli County Extension Office, 215 S. 4th Street, Ste G, Hamilton, MT 59840

Name:	County:
County Chaperone:	
Address:	City and Zip:
Phone:	4-H Age: DOB:
Chaperone Camper (circle)	Male Female (circle)
Email:	Camp shirt size: S M L XL XXL

Consent to Participate

Description of Event: Winter Teen Camp

This three day event held at Loon Lake 4-H Camp provides a variety of workshops such as crafts, snow activities, games, campfires, and swimming. Campers sleep in cabins with other campers. Transportation to and from camp is arranged by individual Extension Offices in counties. All participants are covered by minimal accident insurance en route to and from camp and during camp. When traveling, this insurance is only in effect if an adult chaperone is present in the vehicle.

Consent: We, as parents of this minor child, acknowledge that we are aware of and understand the risks and hazards connected with the event and activities listed above. We understand that if we have any questions about this event and its activities, we can secure more information before signing this consent form by calling the MSU/Ravalli County Extension Office, 375-6611. We further understand that we are assuming the risks of loss, property damage or personal injury that may be sustained by our child as a result of participating in this event. I hereby consent to my child's participation in this event.

Date and signature of parent/guardian:

Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and educational outreach provider.

Medical Release Form for 4-H Youth & Adults

PARTICIPANT INFORMATION:

Name: _____County: _____

Address: _____

Name of Parent or Legal Guardian: (YOUTH ONLY): _____

Primary Physician: _____ Phone: _____

Dentist: _____ Phone: _____

IN CASE OF EMERGENCY:

Primary Contact: _____ Phone: _____

Relationship: _____City: _____ State: _____

Alternate Contact: _____ Phone: _____

Relationship: _____City: _____ State: _____

INSURANCE INFORMATION

Name of Insurance Carrier: _____

Policy Holder Name: _____ Policy #: _____

Date of Last:

Tetanus Shot: _____ Polio Shot: _____ Mumps Shot: _____ Measles Shot: _____Rubella Shot: _____

Medical Information: (check all that apply and explain if necessary)

- ☐ Stomach or Intestinal problems
- ☐ Diabetes or hypoglycemia (low blood sugar)
- ☐ Nervous disorder (convulsions, epilepsy, dizziness, ect)
- ☐ Respiratory problems
- ☐ Heart Disease
- ☐ Any allergies to medication
- ☐ Any allergies to food or plants
- ☐ Special diet or food restrictions
- ☐ Are you currently under a doctor's care?
- ☐ Are you currently taking medications?
- ☐ Are there any physical restrictions or medical problems that may require special considerations?

_____

_____

_____

AUTHORIZATION FOR TREATMENT (YOUTH ONLY)

I, _____ do herby give permission to _____
PARENT/GUARDIAN Name CHAPERONE Name

to seek and obtain any medical care necessary for my child _____ .
YOUTH Participant Name

Parent/Guardian Signature _____ Date _____

ALL PARTICIPANTS

To the Best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/ adult) _____ Date _____

IF YOUTH: Parent/Guardian Signature _____ Date _____

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